	•		40
	ARIZONA STATE I	BOARD OF HEALTH	State File No.
I. PLACE OF BIRTH		ITAL STATISTICS IFICATE OF BIRTH	Local Registrar's No
Sila			
County	0		
District or Township	nkuman	or Village	
City	No	a - benital or institution wire	St, Ward its NAME instead of street and number
	- 11 fire decurred in	Sarcia	(If child is not yet named, make supplemental report, as directed.
2. Full name of child   Court	OVLY 1. Twin, triplet or o	ther 6. Legitimate?	7
3. Sex of Child To be answered in event of plus	on!		7. Date of birth an 27/929
Malle births.	6. No., in order of b	1 1	nionth Day , teat
S N 1 FAT	HER	11.//	MATTHER DD D
Full name A AM	Jarcia	Full maiden name	Jory Cohoa
9. Residence		15. Residence	a de la casa de
(Usual place (of about)	Milhan	(Usual place of build	insureer.
If non-resident, give place and a	tate.	If non-resident, give	place and state.
10 Color or race	26	16. Coloryor race	28
Mux 11.	Age at last birthday (Year	is //w	17. Age at last birthday (Years)
	Mora believes		hornin
12. Birthplace (city or place)	1 is a control our	18. Birthplace (city or	placed 1
(State or country)	ungana	(State or country)	5 11:1
13. Occupation for for	V 11	19. Occupation	Horric Coll.
Nature of industry	HIT	Nature of industry	, , , , , , , , , , , , , , , , , , , ,
on	neve	to and now living	21. Were precautions taken against oph
20. Number of children of this n (Taken as of time of birth of ch		ive and now living	thalmia neonatorum?
certified and including this chile	(6) Dilitari		i
		DING PHYSICIAN OR MIDWI	FE*
I hereby certify that I attended	/	(Born alife on still orn.)	L. A. M. X
*When there was no attending or midwife, then the father, he	physician Signature	rours /E/Y	cusus in.
ctc., should make this feture.	thes nor		
Shows other evidence of the at	ter birth.)		(Physician <del>or midwife):</del>
Given name added from	Address		
all - 1201-3/1	n, day, year	Let 5 1029	Of Station
1/1-10/1-701	Filed(	J. 19 A.	Registrar